More than 500 attend ISOI annual meeting in Tokyo

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_International Society of Oral Implantology (ISOI) President Dr Naotaka Sugiyama, Vice-President Dr Yamawaki, Conference President Dr Tomohiro Ezaki, and Prof. Shoji Hayashi from the Kanagawa Dental College in Yokohama hosted a superb conference in Tokyo in Japan on 16 and 17 November 2013. In his opening speech, Sugiyama highlighted the importance of collaboration with the German Association of Dental Implantology (DGZI) and of scientific exchange between the two partner associations for the Japanese members, who hold German dentistry standards in high regard, especially in the field of oral implantology. The ISOI, which has more than 1,000 members, established the DGZI Japan Section in 2007.

Before presentations started on the first morning of the meeting, Sugiyama reviewed the association's activities and relevant information over the last year, among this was the participation of ISOI board members in the October 2013 DGZI congress in Berlin in Germany. The ISOI and DGZI reaffirmed their partnership for the exchange of scientific and technical information in dental implantology today and in the future. Sugiyama gave a warm welcome to the DGZI's newly elected president, Prof. Heiner Weber, Medical Director and head of the Department of Prosthodontics at the University of Tübingen, and expressed his hope for further close co-operation.

The ISOI President announced the DGZI 2014 congress to be held in Düsseldorf in Germany on 26 and 27 September 2014. He stated that he was looking forward to many of the ISOI's friends and colleagues taking part. He stated that if enough colleagues from Japan attended it would be possible to offer simultaneous interpreting into Japanese for the presentations. In addition, he encouraged ISOI members with an authority in implantology certificate or a clinical certificate from the ISOI to become an expert or specialist in implantology through the DGZI. Before the congress began, the German guests had the opportunity to witness the high standards of the written and oral examinations for the authority and clinical certificates.

The main congress topics were the opportunities and risks of aesthetic, surgical and prosthetic implantology, as well as the use of dental CT or CBCT, anaesthesiology and otorhinolaryngology. Lectures for hygienists and dental technicians were held in parallel.

The Japanese speakers discussed both their most successful and failed clinical cases.

The DGZI was represented at the ISOI annual meeting by Weber, DGZI Vice-President Dr Rolf Vollmer, board member Dr Rainer Valentin and Dr Mazen Tamimi from the DGZI International Section in Jordan. Weber lectured on the minimisation of the impact of an implant restorative treatment on the patient using various patient cases. He stated that all kinds of dental therapies will potentially have an impact on our patients. The extent of this impact will depend on various factors, such as the professional positions of the patients; their physical, mental, and medical condition (this could affect compliance for example); and the complexity of the surgical and/or the restorative treatment. Parameters include the total length of the surgical and restorative treatment time, the number of appointments and the visibility of the treatment steps within the patient's environment. The discomfort and pain caused by all of this will also have a bearing on the impact. Based on his more than thirty years' clinical implant and restorative experience, he gave practical advice regarding how to perform, modify and combine different treatment steps, including medication, surgery and temporisation. The clinical conclusions and the take-home message captivated the audience.

The second German speaker, Dr Martina Vollmer (oral surgeon), gave a presentation titled "The SAC classification—From simplicity to complicated implant cases". She stated "We are seeing more and more misadventures dealing with complex implant cases. The vast majority of these issues relate to a failure in the initial diagnosis. Diagnosis and decision-making are always the most difficult things to teach and convey. Although implant dentistry is now an integral part of many dental practices, most dentists receive, if at all, their education in implant dentistry after graduation, with little emphasis on the identification of the complexity and risks of treatment."

Dr Martina Vollmer explained that SAC stands for Straightforward, Advanced, and Complex, and was first described by Sailer and Pajarola in 1999 as a method to categorise the degree of difficulty in oral surgery. The SAC classification has applications in aesthetic, restorative and surgical situations. Establishing in advance how complex an implant case is can ensure there are no surprises in the course of treatment. If necessary, it can allow referral of the case to someone better able to perform the risky portion and return the case for the easier treatment. Dr M. Vollmer insisted that finding an appropriately qualified colleague to manage a particularly complex case can prevent catastrophic complications and a poor outcome.

The content of the plan of action and its implementation should be checked against reality periodically. Regardless of how well planned, things never work out quite as envisaged; too often real-time developments lead to detours from the plan. In order to minimise such occurrences, modern implantology diagnostic tools like CBCT and computer-assisted planning can be helpful in complex cases but never absolve you from your responsibility to the patient.

In addition to the papers presented, two workshops were held. Owing to the high request for the workshops both of them were fully booked with almost 40 participants.

In the first workshop, Dr Valentin introduced a new technique for harvesting autogenous bone, as well as various sinus lift techniques. As the range of indications for dental implants is quickly changing, even patients with thin crestal bone or poor bone quality can be treated.

Congratulations for DGZI expert in implantology examination

Drs Susumu Moriyama and Ryoichi Sakamaki, Japan, passed the German Association of Dental Implantology (DGZI) expert in implantology examination after successful completion of the International Society of Oral Implantology (ISOI) authority in implantology certificate in Japan.

Valentin explained that osteotomes compress cancellous bone to provide a better bone quality and thus a good primary stability of the endosseous implant. The technique is based on saving as much natural bone as possible. As drilling the pilot hole is always accompanied by bone loss, the use of hollow osteotomes is recommended to combine the advantages of conventional osteotomes with the simultaneous removal of bone at the implant site. The sharp edges of the hollow instrument can manually be pushed or inserted into the alveolar bone with gentle taps on the proximal end of the working element when the jawbone is relatively soft, such as in areas of D3 or D4 bone (according to Misch's classification).

Valentin emphasised that a low risk of overheating the bone compared with the use of rotating instruments is another advantage, particularly when using navigation templates.

Meeting attendees later tested the various techniques, including direct and indirect sinus lift, on artificial specimens and were impressed with the easiness of these techniques.

Attendees were also very interested in the second hands-on workshop. The workshop presenters, Tamimi and M. Vollmer, demonstrated a surgical technique in which the inferior alveolar nerve is placed in a posterior position to increase the ability to place longer implants in a mandible in which there is significant resorption of the posterior ridge. Tamimi gave a clear theoretical introduction to the topic, and with M. Vollmer demonstrated the procedure step by step with the aid of a video. Although Tamimi explained that the procedure has limited application, attendees made use of the practical part to refresh their specialist knowledge of the anatomy of the mandible by performing the nerve transpositioning technique on porcine jaws.

The Japanese colleagues were very interested in sharing in the DGZI's vast experience and in adopting its successful educational design. At present, this type of postgraduate education is not offered anywhere in Japan; however, Hayashi has proposed the implementation of the first implantology curriculum in Japan at a private university in Yokohama.

All attendees of the ISOI conference in Japan were met with great hospitality, and there was an exceedingly positive overall attitude towards the DGZI, which bodes well for continued successful collaboration and scientific exchange. The boards of both associations agreed that the ISOI meeting in Japan and the DGZI congress in Germany should be set events in the calendar for both societies in future.

Weber stated the following in his closing speech: "Annual meetings of professional societies tend to become routine. However, two factors can prevent this from happening: the topic to be discussed and the people who are to meet each other. Dental implantology is always developing, practically guaranteeing that there is something new to be discussed and to learn. The people we met at this meeting are very active, open-minded and internationally oriented. Thus, such a meeting does not only affirm old friendships, but is also a good opportunity to meet with new colleagues and to establish new friendships.

Having been in contact with Japanese colleagues in private practice, as well as working at various universities, I am very happy and honoured to be part of such a meeting as organised by the ISOI this year. From experience, I can say that Japanese organisation and hospitality are unsurpassed in the world. I would like to thank the ISOI organising committee for all its fruitful efforts to make this meeting another success. In addition to these acknowledgements, I would like to express my sincere best wishes not only for this meeting, but also for the continued outstanding relationship between our two societies."

Sugiyama's and Weber's closing invitations: "Looking forward to a meeting with all of you and thanking you again on behalf of the board and members of our society, we hope to see many colleagues from Japan at our meeting this year in Düsseldorf on 26 and 27 September."

"We invite all our DGZI friends from Germany to join us in Japan on 15 and 16 November in Osaka to experience the warmth and hospitality of the Japanese people and colleagues. So, we hope to see you in Düsseldorf, Germany, and in Osaka, Japan."_